

Symptomatic Signs of Disease of the Lower Joints

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Abstract: A number of domestic and foreign scientific studies on the diagnosis, treatment and prevention of pain syndromes of the temporomandibular joint among the population show that patients with painful joint syndromes or pain syndromes of dysfunction of the joints and disorders in the dentoalveolar system (ZChS) often turn to dentists as the main factors of the pathological process in the body, articulation-occlusion syndromes without changing the structural state of the bone elements, others - hypertonic syndromes of masticatory muscles, the combined effect of various external and internal factors, it was also noted that the violation of the psycho-emotional state is an important etiological factor in the development of dysfunction of the temporomandibular joint [2.4.6.8.12].

Keywords: Treatment, Disease, ZChS.

Temporomandibular joint dysfunction is a pathological process that is caused by changes in the jaws, articular surfaces and muscle tissue. In this case, an uncoordinated movement of both jaws in relation to each other is diagnosed with clear signs of a violation of static and dynamic occlusion. Pathology is quite common, accounting for about 75% of all patients in dental offices. Many diseases of the oral cavity are the result of TMJ dysfunction. Nearby organs and tissues are also involved in the destructive process, which complicates its clinical signs with additional symptoms [1.3.5.7.9.11].

The aim of the study was to improve the efficiency of diagnosis and treatment of patients with pathology of the temporomandibular joint, pathologies associated with defects in the dentition.

The object of the study were 38 patients who applied to the Educational, Scientific and Practical Center for Dentistry of the Bukhara State Medical Institute and the children's dental clinic of the Bukhara region with defects in teeth and dentition.

The subject of the study was medical documentation, X-ray images, teeth of patients with pain syndrome of the temporomandibular joint associated with defects in the dentition.

Research methods. The study used dental - magnetic resonance computed tomography, R-plot, electromyography and statistical analysis.

Specialists usually diagnose the chronic form of pathologies in the temporomandibular joint, which in some cases accompanies a person for many years and is compensated by other components of the maxillofacial apparatus. Without therapeutic measures, the onset of complete or partial ankylosis is possible, therefore, a timely visit to the dentist will prevent chewing dysfunction, visual unattractiveness and many other problems, the development of which can be provoked by TMJ dysfunction [10.13.14.15].

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The main assistants of the joints of the maxillofacial apparatus are the masticatory muscles, which help to keep the lower jaw in the correct anatomical position, while facilitating the load on it.

Causes of dysfunction of the temporomandibular joint

Modern dentistry has facts, not fully understood, about the causes of pathologies of the temporomandibular joint. However, already on the basis of the available data, experts suggest that the main problem lies in the destructive processes of the muscles and the altered components of the joint itself.

The main causes and provoking factors of impaired mobility of the joint connecting the lower jaw (mandible) and the temporal bone, orthodontists determine the following pathologies and situations:

- trauma to the lower jaw, which can provoke a violation of static and dynamic occlusion;
- damage to the muscles of the face, which is accompanied by an increase in the load on the joint;
- infringement of the facial nerve causes excessive muscle tension, which, in turn, disrupts the functioning of the joint and the mandible as a whole;
- involuntary contraction of the masticatory muscles, which is usually accompanied by damage to the dentition, periodontium and inflammation of the TMJ;
- поражение височно-нижнечелюстного сустава из-за прогрессирования osteoarthritis or rheumatoid arthritis;
- inadequate prosthetics;
- congenital anomalies of the structure of the lower jaw;
- malocclusion, which in 95% is due to destructive manifestations;
- pathologically low alveolar processes;
- inflammatory processes of the articular surface of infectious etiology;
- incorrect position of the disk at the junction of the head of the joint and the corresponding recess;
- prolonged tension of facial muscles, clenching of teeth due to strong emotional stress.

The information provided about the probable causes that provoke TMJ dysfunction is confirmed by clinical studies and the results of the collected anamnesis of the disease.

In the general condition of the patient, deterioration is also noted, characterized by headache, dizziness, noise and aching pain in the ears, and decreased performance. Acute pathological processes in the temporomandibular joint drastically reduce the quality of human life with debilitating manifestations, disrupting many vital functions. The symptomatology of pathological processes in the joint, which provides movement of the lower jaw, is similar to the manifestations of other diseases [15.16.18].

➤ Features of diagnostic measures for TMJ dysfunction

For the most accurate diagnosis of damage to the articular surface of the lower jaw at the junction with the temporal bone of the skull, specialists use the following methods and such an examination plan:

- clarification of the characteristics of the patient's life (the specifics of work, the presence of chronic diseases, psycho-emotional background);
- questioning the patient about the probable cause of pathological changes in the jaw (trauma, inflammation in the oral cavity, past dental history, the presence of neurological pathologies);

- visual inspection of the outer surface of the projection of the joint and oral cavity, if possible;
- palpation examination of the joints of the mandible, which helps to identify muscle tension, swelling and displacement;
- listening to sounds when opening the mouth, which may be in the form of clicks or crackling;
- determination of the amplitude of jaw mobility;
- identification of the volume of possible movements;
- assessment of the functionality of masticatory muscles;
- determination of the correct bite;
- X-ray examination of the dentition, which will be the most informative for the exclusion of other pathologies of the teeth and gums;
- the method of magnetic resonance imaging allows you to explore the soft structures of the jaw, such as intra-articular cartilage and its physiological position, the correctness of which determines the state of the TMJ;
- The results of computed tomography will give a layered image of the bone structure of the jaws.

The results of these examinations may require consultation and treatment with a dental surgeon, traumatologist or orthodontist.

Therapeutic measures for diseases of the temporomandibular joint

When establishing an accurate diagnosis of TMJ dysfunction, the doctor prescribes a course of therapeutic measures, the features of which are determined by the degree of the pathological process and the etiological factor. The disease requires complex treatment [17.18].

The most stable effect in the restoration of the functions of the maxillofacial apparatus is provided by the following recommendations, methods and means:

- complete exclusion of solid food, which will make it possible to maintain conditional rest for the mandible joint;
- maximum restriction of mobility (you can not yawn, talk);
- alternation of warm and cold compresses in combination with certain exercises for kneading the joints, which is performed under the supervision of a physiotherapist;

There are the following types of surgical interventions:

- joint puncture;
- a small incision to eliminate the pathological tissue, correct the location of the cartilaginous disc and condyle;
- intra-articular intervention is performed in the presence of a tumor process, bone fragments and destruction of bone tissue.

CONCLUSION. The need for a comprehensive assessment of each clinical, symptomatic, psychological and social factor in the comparative diagnosis of dysfunction of the temporomandibular joint - symptomatic signs of pathologies of OSA, NMS and VVD - the formation of pain in the joints, restriction of mouth opening, the observation of noise in the joints, pain in the head, back of the head, in the ear area and defects in the surface of the teeth from 97% to 100% of cases, the similarity was justified. In the diagnosis and comparative diagnosis of pathologies of temporomandibular joint dysfunction syndromes - cases of OSA, NMS and VVD, analysis of electromyography, occlusiography, magnetic resonance computed tomography, tests for diagnosing activity, in addition to tests for clinical activity, collection and correlation of anamnestic examination and social data were based on the main factor of the

correct diagnosis, predicting the complications of pathology.

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